



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 015800002

CITY OR TOWN BUCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FANI GITSIS

DOING BUSINESS A BUCKLAND PIZZA HOUSE

ADDRESS 13 STATE ST.

CITY/TOWN: BUCKLAND

STATE: MA

ZIP CODE: 01338

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE AND SIDE EXIT;TWO ROOMS,FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 015800004

CITY OR TOWN BUCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHELburne Falls Aerie#2758 Frat.Ord. of Eagles

DOING BUSINESS AS

ADDRESS 52 STATE ST.

CITY/TOWN: BUCKLAND

STATE: MA

ZIP CODE: 01338

MANAGER: PHILLIPS,
ARTHUR H.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 ROOMS, 1ST. FLOOR W/BAR; BAR/LOUNGE IN BASEMENT. LOUNGE IN BASEMENT

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 015800009

CITY OR TOWN BUCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMSONI, INC.

DOING BUSINESS AS SHELBURNE FALLS NEIGHBORS

ADDRESS 195 STATE STREET

CITY/TOWN: BUCKLAND

STATE: MA

ZIP CODE: 01335

MANAGER: SHARMA, REENA TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 015800010

CITY OR TOWN BUCKLAND

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SHELBURNE FALLS WINE MERCHANTS LLC

DOING BUSINESS AS

ADDRESS 1 State St

CITY/TOWN: BUCKLAND

STATE: MA

ZIP CODE: 01370

MANAGER: DE LA BLOTIER, TYPE OF LICENSE: Package Store CATEGORY: All Alcohol
PAUL THIERRY

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR RETAIL SPACE IS 560 SQ.FT LOCATED AT 1 STATE STREET, BUCKLAND MA.

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CLASS

YEAR

LICENSEE NAME: Café Martin LLC

DOING BUSINESS AS West End Pub

ADDRESS 16 State St

CITY/TOWN: BUCKLAND

STATE: MA

ZIP CODE: 01370

MANAGER: St. Martin, Paul J

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

30-40 seat restaurant on first floor, basement for storage

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